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H. G. Bruss, Esq. Owens-Illinois, Inc. Intellectual Proprety Section One SeaGate, 25-LDP Toledo, OH 43666					Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.  Linda S. Gusky (Depositor's name)  What (Signature)  October 11, 2005 (Date)			
APPLICATION NO.	FILING DATE	FIRST NAMED INVEN			· · · · · · · · · · · · · · · · · · ·	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/770,875 02/03/2004 Randall A. Hickman 17443-02 1042 TITLE OF INVENTION: DUAL-CHAMBER CONTAINER, AND METHOD AND APPARATUS FOR ITS MANUFACTURE								
APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PI	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400			\$0	\$1400 10/14/2005 CMGHYFN3	10/14/2005 R 00000060 150875 10770875	
EXAMINER ART U			IT CLASS-SUBCLASS		LASS-SUBCLASS	10/14/2000 0110012110 0000000 200110		
DAVIS, F	1722			425-503000	□ 01 FC:1501 1400.00 DA 02 FC:8001 36.00 DA			
CFR 1.363).  Change of correspondence address (or Change of Correspondence or agents OR, Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer  2 registered pt				mes of o OR, alte me of a attorney	on the patent front page, list  If up to 3 registered patent attorneys Itematively,  a single firm (having as a member a relevance) and the names of up to relatatorneys or agents. If no name is will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Owens-Illinois Health Care Packaging Inc. Toledo, Ohio USA								
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government  4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  Advance Order - # of Copies 12  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 15-0875 (enclose an extra copy of this form).								
a. Applicant claims S	(from status indicated above MALL ENTITY status. See 3	) 7 CFR 1.27.	b. Applic	ant is no	o longer claiming SMAI	LL ENTITY status. See 37 C	FR 1.27(g)(2).	
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Authorized Signature				Date	10/10/2	-0.5		
Typed or printed name Susan L. Smith Registration No. 53,618								
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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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